

STEP 2: ADDITIONAL PERSON

Current Job & Income Information

Employed

If this PERSON is currently employed, tell us about their income. Start with question 20.

Not employed

Skip to question 30.

Self-employed

Skip to question 29.

CURRENT JOB 1:

20. Employer name				a. Employer address			
b. City		c. State		d. Zip code		21. Employer phone number	
22. Wages/tips (before taxes)		Hourly	Weekly	Every 2 weeks		23. Average hours worked each WEEK	
\$ <input type="text"/>		Twice a month	Monthly	Yearly		<input type="text"/>	

CURRENT JOB 2: (If this person has more jobs and need more space, attach another sheet of paper.)

24. Employer name				a. Employer Address			
b. City		c. State		d. Zip code		25. Employer phone number	
26. Wages/tips (before taxes)		Hourly	Weekly	Every 2 weeks		27. Average hours worked each WEEK	
\$ <input type="text"/>		Twice a month	Monthly	Yearly		<input type="text"/>	

28. In the past year, did this PERSON: Change jobs Stop working Start working fewer hours None of these

27. If this PERSON is self-employed, answer the following questions:

- a. Type of work _____
- b. How much net income (profits once business expenses are paid) will this PERSON get from this self-employment this month?
\$

30. **OTHER INCOME THIS MONTH:** Check all that apply, and give the amount and how often this PERSON gets it. Check here if none
NOTE: You don't need to tell us about this child support, veteran's payment, or Supplemental Security Income (SSI).

Unemployment	\$ <input type="text"/>	How often? _____	Alimony received	\$ <input type="text"/>	How often? _____
Pensions	\$ <input type="text"/>	How often? _____	Net farming/fishing	\$ <input type="text"/>	How often? _____
Social Security	\$ <input type="text"/>	How often? _____	Net rental/royalty	\$ <input type="text"/>	How often? _____
Retirement accounts	\$ <input type="text"/>	How often? _____	Other income	\$ <input type="text"/>	How often? _____
			Type _____		

31. Does this PERSON want help paying for medical bills from the last 3 months? Yes No If yes, provide monthly income for last 3 months.
Month 1: \$ Month 2: \$ Month 3: \$

32. **DEDUCTIONS:** Check all that apply, and give the amount and how often this PERSON gets it.

If this PERSON pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

NOTE: You shouldn't include a cost that you already considered in your answer to net self-employment (question 29b).


Alimony paid	\$ <input type="text"/>	How often? _____	Other deductions	\$ <input type="text"/>	How often? _____
Student loan interest	\$ <input type="text"/>	How often? _____	Type: _____		

33. **YEARLY INCOME:** Complete only if this PERSON's income changes from month to month. If you don't expect changes to this PERSON's monthly income, skip to the next person. 

This PERSON's total income this year	This PERSON's total income next year (if you think it will be different)
\$ <input type="text"/>	\$ <input type="text"/>

THANKS! This is all we need to know about this PERSON.

If you have more people to include, complete another Additional Person single page supplement form.

 **NEED HELP WITH YOUR APPLICATION?** Visit coverva.dmas.virginia.gov or call us at 1-855-242-8282. Para obtener una copia de este formulario en Español, llame 1-855-242-8282. If you need help in a language other than English, call 1-855-242-8282 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-888-221-1590.